

WOODLAND PARK CARE CENTER
3855 SOUTH 700 EAST
SALT LAKE CITY UT 84106
STATE'S REGION CODE: 001

PROVIDER #: 465094 FACILITY BEDS
PHONE NUMBER: (801) 268-4766 TOTAL: 184
PARTICIPATION DATE: 07/16/1984 CERTIFIED: 184 TYPE OWNERSHIP: FOR PROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 10/07/2004	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 184
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TOTAL: 121	ADMISSION SUSPENDED:	18 18/19 19 ICF/MR
MEDICARE: 39	SUSPENSION RESCINDED:	-- -- --
MEDICAID: 48		184
OTHER: 34		

CURRENT SURVEY REVISIT DATES - 11/18/2004

PRIOR 3 SURVEY 07/2001	S/S CODE	PRIOR 2 SURVEY 10/2002	S/S CODE	PRIOR 1 SURVEY 11/2003	S/S CODE	CURRENT SURVEY 10/07/2004	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
X	E	X	D						REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
X	E			X	B				REQ F0241-DIGNITY
		X	E						REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
		X	D						REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
						X C	E	11/12/2004	REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
						X P	B	10/28/2004	REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
				X	E				REQ F0428-RES DRUG REGIMEN REVIEWED MONTHLY BY PHARMACIST
									REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS

EDITION OF LSC APPLIED

85 EXIST PRIOR 3 SURVEY 07/2001	85 EXIST PRIOR 2 SURVEY 10/2002	2000 EXIS PRIOR 1 SURVEY 11/2003	2000 EXIS CURRENT SURVEY 10/07/2004	PLAN/DATE OF CORRECTION
X				
		X		
	X			
		X	X C	10/22/2004
	X	X	X N	
	X			
		X	X C	10/22/2004
			X N	
X		X		

LSC DEFICIENCIES - BLDG NO. 01

K0018-CORRIDOR DOORS
K0025-SMOKE PARTITION CONSTRUCTION
K0027-DOORS IN SMOKE PARTITIONS
K0038-EXIT ACCESS
K0046-EMERGENCY LIGHTING
K0050-FIRE DRILLS
K0056-AUTOMATIC SPRINKLER SYSTEM
K0061-MAIN SPRINKLER CONTROL
K0062-SPRINKLER SYSTEM MAINTENANCE
K0066-SMOKING REGULATIONS
K0104-PENETRATIONS OF SMOKE BARRIERS
K0130-OTHER

EDITION OF LSC APPLIED

85 NEW PRIOR 3 SURVEY 07/2001	85 NEW PRIOR 2 SURVEY 10/2002	2000 EXIS PRIOR 1 SURVEY 11/2003	2000 EXIS CURRENT SURVEY 10/07/2004	PLAN/DATE OF CORRECTION
X				
	X			
		X	X N	
	X			

LSC DEFICIENCIES - BLDG NO. 02

K0054-SMOKE DETECTOR MAINTENANCE
K0056-AUTOMATIC SPRINKLER SYSTEM
K0061-MAIN SPRINKLER CONTROL

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	2	2	3	2
HEALTH TOTAL	2	2	3	2
LIFE SAFETY CODE	5	7	5	3
LIFE SAFETY CODE + HEALTH	7	9	8	5

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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10/22/2004	UNSUBSTANTIATED
12/28/2004	UNSUBSTANTIATED
05/03/2005	UNSUBSTANTIATED
09/27/2005	SUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY